

L15000042365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

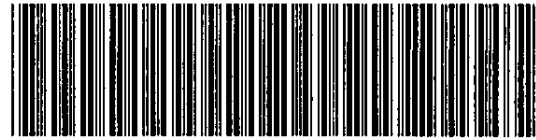
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 14 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2016

LIONELLS WOODCRAFT LLC
CHERYL SMITH
8503 NW 35 CT, APT. 5
CORAL SPRINGS, FL 33065

SUBJECT: LIONELLS WOODCRAFT LLC
Ref. Number: L15000042365

RECEIVED
2016 NOV 10 PM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LIONELLS WOODCRAFT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00023261

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIONELLS WOODCRAFT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L1500042365

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERYL SMITH

Name of Person

LIONELLS WOODCRAFT

Name of Firm/Company

2333 NW 30TH CT

Address

OAKLAND PARK FL 33311

City/State and Zip Code

lionellpinnock@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL SMITH

Name of Person

at (754) 242-5491
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CHERYL SMITH

Name of Registered Agent

Registered Agent for LIONELLS WOODCRAFT LLC

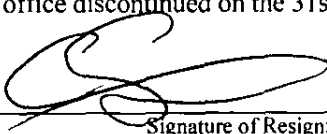
Name of Limited Liability Company

~~L15000042365~~ L15000042365

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

CHERYL SMITH

Typed or Printed Name

REGISTERED AGENT

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2016 NOV 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA